

Waisman

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

JUL 25 2002

1. TRANSMITTAL NUMBER:
02-006

2. STATE
Alaska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.160 (b) (2)

7. FEDERAL BUDGET IMPACT:

a. FFY \$ 0

b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attached sheet to ATTACHMENT 3.1A Page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attached sheet to ATTACHMENT 3.1A Pg 10

10. SUBJECT OF AMENDMENT:

Removes the provision that providers of residential treatment must be non-profits organizations.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Does not wish to comment

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Bob Labbe

Division of Medical Assistance

P O Box 110660

14. TITLE:

Director

Juneau, AK 998110660

15. DATE SUBMITTED:

June 5, 2002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUL 25 2002

18. DATE APPROVED:

AUG 15 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Burnie Butterfield

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

DIVISION OF MEDICAL ASSISTANCE AND STATE OPERATIONS

POSTMARKED: Jul 22.
(DATE)

Juneau
(CITY/STATE)

Description of Service Limitations

14. **INSTITUTIONS FOR MENTAL DISEASES FOR AGE 65 OR OLDER:** Services in institutions for mental diseases for individuals age 65 or over are provided if placement is prior authorized by the Division of Mental Health or the Professional Review Organization on contract with the Division.
15. **INTERMEDIATE CARE FACILITY SERVICES:** Placement in a nursing facility offering an intermediate level of nursing care or in an ICF/MR require prior authorization by the Division of Medical Assistance.
16. **INPATIENT PSYCHIATRIC FACILITY SERVICES:**
- (1) Inpatient psychiatric facility services for individuals under 21 are provided if placement is prior authorized by the Division of Mental Health or PRO or the state's designee.
 - (2) Rehabilitative services, including appropriate therapies, are provided for severely emotionally disturbed children in a JCAHO-accredited residential facility.
20. **EXTENDED SERVICES TO PREGNANT WOMEN:** All state plan services are provided for pregnant women through 60 days after pregnancy ends. Nutrition services are provided by registered dietitians to high-risk pregnant women. Prior authorization is required in most cases, and visits are limited to seven per pregnancy.
24. **OTHER MEDICAL CARE:**
- a. Transportation: Non-emergency medical transportation must be authorized in advance by the medical review section of the Division of Medical Assistance or its fiscal agent. Non-emergency transportation must occur on weekdays during normal working hours. Emergency medical transportation is covered to the nearest facility offering emergency medical care. The services of an emergency air ambulance or an accompanying escort must be authorized no later than the first working day following the travel. Ground ambulance service is approved only for a one-way trip at a time.
 - d. Nursing Facility Services for Children: Nursing facility placement for patients under age 21 requires prior authorization by the Division of Medical Assistance.
 - f. Personal Care Services: Covered services are limited to non-technical, medically oriented tasks that have been prescribed by a physician, included in a treatment plan completed by a personal care agency registered nurse, and approved by the personal care agency supervision nurse or the Division of Medical Assistance. Services must be provided by a qualified personal care attendant who is either employed by a personal care agency or enrolled with the Division of Medical Assistance. Coverage is limited to one assessment and treatment plan in a 12-month period. Visits by a registered nurse for review of the recipient's treatment and treatment plan are limited to not more than one every 60 days unless authorized by the division.